

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

Page 1 of 3

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME	
Regular			9	3/7/18	SUBWAY - AGAT	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER
Complaint	<input checked="" type="checkbox"/>		A	10:50am	12:35 PM	NALICUS CORPORATION
Investigation				SANITARY PERMIT NO.		LOCATION (Address)
Other:			170002604		LOT 49 - NEW HWY 2, BUILDING 762 AGAT, GUAM	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	
RESTAURANT			10	565-3463		
					No. of Repeat Risk Factor/Intervention Violations	
					N/A	
					RISK CATEGORY	
					3	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="checkbox"/> IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	<input checked="" type="checkbox"/> IN	OUT			Food obtained from approved source	6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food received at proper temperature	6
11	<input checked="" type="checkbox"/> IN	OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="checkbox"/> IN	OUT		N/A	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/> IN	OUT	N/A	X	Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="checkbox"/> IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooling time and temperature	6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	<input checked="" type="checkbox"/> IN	OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	OUT	N/A		Pasteurized Foods used; prohibited foods not offered	6
Chemical						
24	<input checked="" type="checkbox"/> IN	OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="checkbox"/> IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS =Corrected on-site during inspection R =Repeat violation PTS =Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate	X		1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available; adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	X		Physical facilities installed, maintained, and clean			1
53	X		Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign): <u>DEAN</u>	Date: <u>3/7/18</u>	
DEH Inspector (Print and Sign): <u>J. CARL J. LIAO</u>	Follow-up (Circle one): <u>YES</u> NO	Follow-up Date: <u>3/17/18</u>

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 2 of 3

ESTABLISHMENT NAME SUBWAY - AGAT		LOCATION (Address) LOT 49-NEW ROUTE 2, BUILDING 762	
INSPECTION DATE 3/7/18	SANITARY PERMIT NO. 17002604	PERMIT HOLDER NAKICOS CORPORATION	

TEMPERATURE OBSERVATIONS

SEAFOOD	Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
	SALAD / CHILL SERVICE LINE	42.5	PEPPERONI / WALK-IN CHILLER	27.5
	TUNA / CHILL SERVICE LINE	41.5		
	MEATBALL / HOT SERVICE LINE	164.5		
	CHICKEN NOODLE SOUP / HOT SERVICE LINE	169.0		
	CLAM CHOWDER / HOT SERVICE LINE	173.5		
	SEAFOOD SALAD / REACH-IN CHILLER	47.5		
	TERIYAKI CHIX / REACH-IN CHILLER	48.5		
	BEEF / REACH-IN CHILLER	46.0		
	TURKEY / REACH-IN CHILLER	46.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED IN RESPONSE TO COMPLAINT # 18-003 REGARDING BLACK MOLD ON THE FOUNTAIN DRINK MACHINE, DRIP PAN NOT CLEAN, & THE DINING AREA BEING "DIRTY". PREVIOUS INSPECTION ON 2/24/14 (R/A)	
	NO EVIDENCE TO SUPPORT THE COMPLAINT WAS OBSERVED AT TIME OF INSPECTION.	
	THE FOLLOWING WAS OBSERVED:	
#8	NO HOT WATER PROVIDED FOR RESTROOMS. HOT WATER SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE.	3/17/18
#14	CUTTING BOARDS WITH DARK STAINS & DEEP CUTS. ALL FOOD CONTACT SURFACES SHALL BE SMOOTH & MAINTAINED FOR PROPER CLEANING & SANITIZING COS: CUTTING BOARD DISCARDED.	COS
#20	PHF/TLS FOODS COLD HELD ABOVE 41°F (SEAFOOD SALAD, TERIYAKI CHIX, BEEF, TURKEY).	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <i>[Signature]</i>	Date: 3/7/18
DEH Inspector (Print and Sign) J. CRUZ EPH01 <i>[Signature]</i>	Date: 3/7/18

White: DPHSS/DEH Yellow: Food Establishment

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 3 of 3

ESTABLISHMENT NAME <u>SUBWAY - ALAT</u>		LOCATION (Address) <u>LOT 49 - NEW ROUTE 2 BUILDING 762 ALAT GUAM</u>
INSPECTION DATE <u>3/2/18</u>	SANITARY PERMIT NO. <u>170002604</u>	PERMIT HOLDER <u>NAKILLOS CORPORATION</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	ALL PREPARED FOODS SHALL BE COLD HELD AT 41°F OR BELOW TO PREVENT BACTERIAL GROWTH. COS: FOOD WAS DISCARDED	
#33	NO THERMOMETER PROVIDED FOR REACH-IN CHILLER. THERMOMETERS SHALL PROVIDED TO MONITOR AMBIENT TEMPERATURES. COS: THERMOMETERS PROVIDED	4/2/18
#45	NO TEST STRIPS PROVIDED FOR SANITIZING SOLUTION. CHEMICAL TEST STRIPS SHALL BE PROVIDED TO MONITOR EFFICACY OF SANITIZING SOLUTION	4/2/18
#52	AIR CONDITIONER LEAKING, CEILING TILES IN DIS REPAIR. ALL PHYSICAL FACILITIES & EQUIPMENT SHALL BE MAINTAINED IN GOOD REPAIR TO PREVENT POTENTIAL HAZARDS.	4/2/18
#53	NO LIGHTING PROVIDED FOR FREEZER UNIT. ADEQUATE LIGHTING SHALL BE PROVIDED FOR SAFETY & PROPER IDENTIFICATION.	4/2/18
	"A" PLACARD # 01491 REMOVED "A" PLACARD # 02643 ISSUED	
	PHOTOS TAKEN	
	BRIEFED PLC ON ABOVE	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <u>J. CARL ESPINOZA</u> <u>3/7/18</u>	Date: <u>3/7/18</u>
DEH Inspector (Print and Sign) <u>J. GARCIA</u> <u>3/7/18</u>	Date: <u>3/7/18</u>